VICTORIA
GENERAL
HOSPITAL

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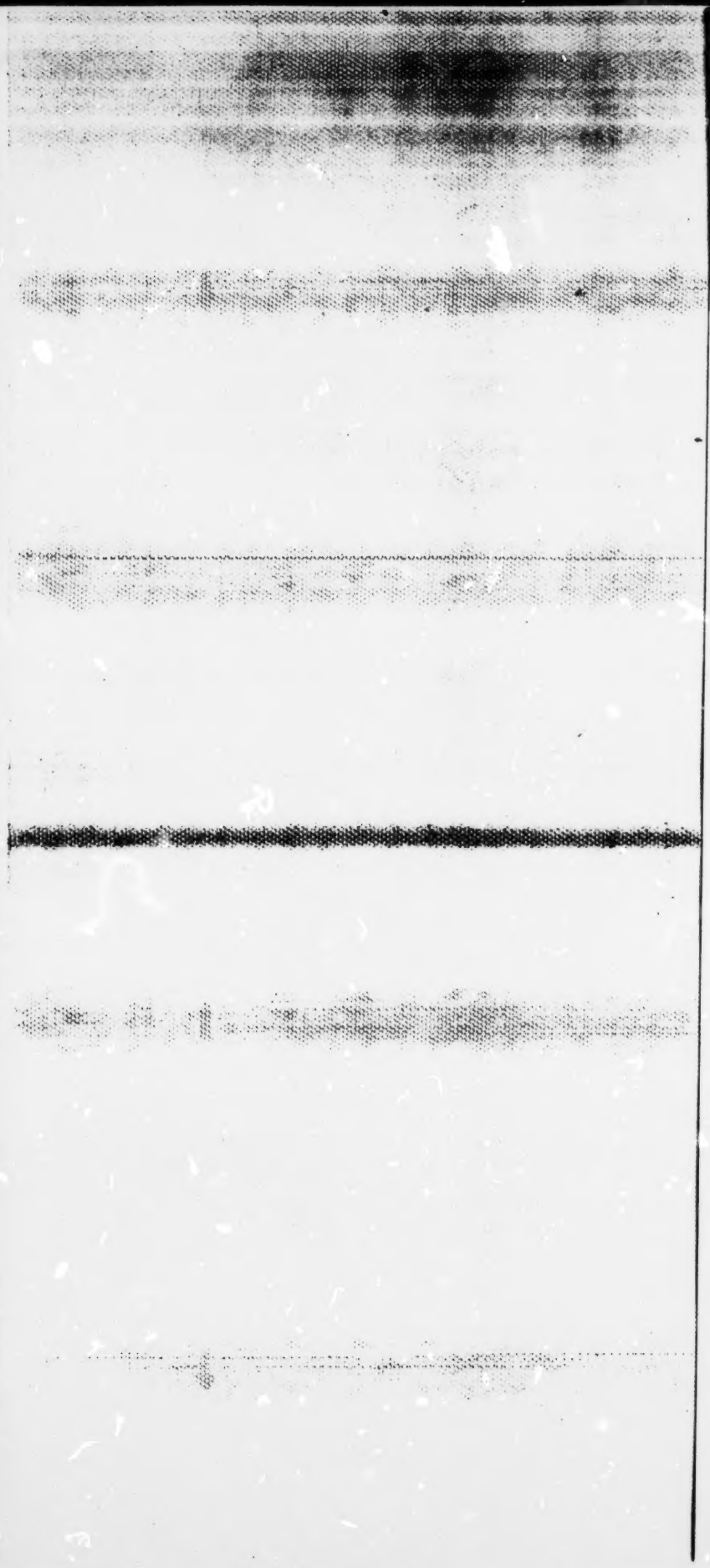
Statement of Mission

Our mission is to sustain a caring and compassionate hospital community, united in its dedication to excellence in patient care, education and research.



VICTORIA GENERAL HOSPITAL
STATEMENT OF MISSION

Preamble

This Mission Statement has been developed by a multi-disciplinary Mission Statement Task Force. It complements the Statement of Role and Priorities approved by the Board of Commissioners in 1983. It enlarges upon the concept of a mission statement by including a statement of the Hospital's values, and its philosophy and objectives of patient care, education and research, and management.

The Mission Statement and its support documents have been developed with the involvement of Hospital staff, managers, medical staff, board members and others associated with the Hospital through surveys, workshops and invited commentary. These statements reflect the beliefs and values of the Victoria General Hospital, and will be used to guide future planning.

The Victoria General Hospital is dedicated to excellence in health care through the integration of service, education and research programs in the health care field.

Within this broad objective, the Victoria General Hospital has a unique role as the major adult care referral hospital for the Atlantic provinces. It is the principal centre for highly specialized diagnostic and therapeutic services for Nova Scotia and to a lesser extent for the other Atlantic provinces. It shares a responsibility with other local hospitals to provide general hospital services and health professional education services for Halifax and the surrounding area. It is the principal university teaching hospital in the Atlantic provinces, and a major centre for the education of health professionals, and for health care research.

The Victoria General Hospital operates in a climate of continuous informational, technological and economic change. The Hospital must keep pace with important new advances in health care, while obtaining the maximum value from available resources. Above all, the Hospital must respond with care and compassion to the more than 300,000 patients that pass through its doors each year.

VALUES OF THE HOSPITAL

Our mission is based on the following fundamental values that are reflected in all aspects of the Hospital's operation. We commit ourselves as individuals, and as a hospital to:

Respect for the Individual

...treat patients, their families and each other at all times with respect, fairness, honesty and integrity.

Compassionate Care

...a caring, compassionate environment for our patients, their families and for each other, and to consider people's unique feelings and needs.

Quality Care

...care of the highest possible standards in an exemplary environment.

Teamwork

...mutual support and openness, clear communication and teamwork throughout the Hospital.

Competence

...the highest possible standards of accuracy and competence in each other.

The Advancement of Knowledge

...learning and teaching, and discovering ways to improve the art and science of health care.

PHILOSOPHY AND OBJECTIVES OF PATIENT CARE

The challenge of our mission is to achieve the greatest possible health benefit for each patient. We believe that excellence in patient care can be achieved through a dual commitment to modern, high quality care and to the dignity and self-worth of patients, their families and each other. We commit ourselves as individuals and as a hospital to the following objectives:

To provide care that is excellent in quality, effective in outcome, safe and efficient in operation.

To respond to the physical, psychological, spiritual and social needs of each patient as required to bring about the greatest achievable health benefit for the patient.

To respect the informed decisions of patients and their families in matters relating to their care, to encourage their involvement in their care and to assure as much as possible their privacy and confidentiality.

To provide a supportive, compassionate atmosphere for patients, their families and each other so that all can contribute positively to the patient's comfort and recovery.

To develop model programs of patient care that support the health education needs of patients, staff and learners, and our need to discover and apply new knowledge in the health care field.

We will pursue these patient care objectives as part of our first priority as the principal adult referral hospital for Atlantic Canada. We will concentrate our efforts on the provision of specialized diagnostic and complex treatment services, while our efforts in primary care will continue to involve innovative, community-oriented service models.

PHILOSOPHY AND OBJECTIVES OF EDUCATION AND RESEARCH

We recognize the need to discover new knowledge and to develop new approaches to the diagnosis and treatment of disease and injury in order to ensure the early application of advances in health care for the benefit of our patients. We also recognize the need to maintain a supply of high quality health care personnel for future generations. We believe that excellence in patient care can be best achieved through the integration of health care services with programs of education and research. We therefore commit ourselves and our facilities to the following objectives:

To continue the training and development of all staff through the use of internal and external resources, and to encourage staff to share their knowledge and serve as role models demonstrating the highest possible personal and professional standards.

To maintain and support hospital-based programs of education for students in a variety of health service professions and occupations.

To serve as the principal clinical teaching hospital for the Dalhousie University Faculties of Medicine and Health Professions, and to offer supervised clinical experiences to learners in a variety of health disciplines through cooperation with Dalhousie and other approved educational institutions.

To develop and sustain programs of patient-based research and to support the participation by all Hospital departments in research projects which are ethical and feasible, have scientific merit, and have the potential to improve patient care and the delivery of services.

To ensure that all programs of education and research in the Hospital support and enhance our commitment to high quality patient care.

PHILOSOPHY AND OBJECTIVES OF MANAGEMENT

Our mission challenges the managers of the Victoria General Hospital to provide leadership and direction in developing the highest possible quality and standards of health care services, education and research. We believe we can best achieve our mission by planning and supporting a hospital environment in which our values can flourish, and by fostering a sense of belonging, personal and professional satisfaction, and growth for everyone involved in the operation of the Hospital. The managers of the Victoria General Hospital commit themselves to the following objectives:

To practice a fair, open and honest approach with Hospital staff, medical staff and others associated with the Hospital, and to recognize the value of work performed by all.

To develop and maintain clear, open communication and teamwork at and between all levels and divisions in the Hospital.

To recognize and reward high quality performance and dedication to the Hospital's mission and objectives, and to create an environment in which all are motivated to use their potential, skills and talents to the fullest.

To promote and ensure the highest possible level of occupational health and safety throughout the Hospital.

To ensure the most effective and efficient use of resources throughout the Hospital through effective planning, monitoring and evaluation processes.

The Victoria General Hospital is sensitive to the health care needs of the many communities we serve. While we cannot respond to all such needs, we are committed to participate with others in the health care network of Atlantic Canada in identifying those needs, and to provide leadership and direction in defining which services we are in the best position to provide.

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EXECUTIVE MESSAGE 1988-1989

FROM LEFT, WAYNE PATERSON, CHAIRMAN, VICTORIA GENERAL HOSPITAL BOARD OF COMMISSIONERS AND DR. BERNARD BADLEY, EXECUTIVE DIRECTOR

It is our privilege to present this report of the Victoria General Hospital's activities over the past year.

The year was highlighted by the adoption of a formal Mission Statement. The process of its development brought together representatives from many of the different areas of activity within the hospital and the outcome represents a true consensus of our status and aspirations, expressed in the summary statement: "Our mission is to sustain a caring and compassionate hospital community, united in its dedication to excellence in patient care, education and research."

Midway through the year Richard L. Criddle, Executive Director since 1981, entered a new phase of his career at the University of Toronto. It is a pleasure to acknowledge his many contributions to the hospital and to wish him well in the future.

The hospital has continued to be in the forefront of medical technology by acquiring a magnetic resonance imaging system, jointly funded by the Department of Health and Fitness and the Victoria General Hospital Foundation. We are pleased to commend the Foundation's continued efforts in providing additional resources for specified hospital activities.

The hospital continues to be a leader in organ transplantation. A heart transplantation program was established with four patients receiving new hearts during the year. Other components of our organ transplant program continued to provide new hope to patients with irreversible kidney and liver failure. The newly-established Nova Scotia Firefighters Burn Treatment Society Skin Bank—the only skin bank east of Alberta--offers major benefits to patients who sustain extensive burns.

Construction has begun on a new data centre that will provide 24-hour computer coverage for patient information systems at both the VG and the Camp Hill Medical Centre. This is the first example of our intention to develop joint ventures with the other major providers of adult health care in Halifax.

Meanwhile, the provincial government has approved the installation of a

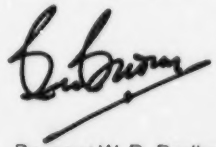
freestanding financial information system for the hospital over the next few years. This system will enhance the generation of accurate, meaningful management information, helping the VG to become a more efficient, effective operation.

Despite our accomplishments, the VG continues to face difficulties, many of which are financial. Increased patient care expectations, made possible by advances in medical science, result in an increased demand on the specialized services we provide. An aging physical plant and the ever-increasing costs of equipment, drugs and supplies have once again led to a budgetary deficit despite attempts to institute widespread economies and restraints. Since most of the costs of operating a complex institution such as this are difficult to limit on a day-to-day basis, we recognize the need to identify long-term strategies designed to reduce the rate at which the costs are escalating.

In response to this challenge, the Board of Commissioners has approved the development of a meaningful strategic planning process—"a plan for planning." The need for this type of planning activity is emphasized by the recent formation of a Metropolitan Hospitals Advisory Committee by the Department of Health and Fitness and the establishment of the provincial government's Royal Commission on Health Care. In addition to these global planning activities, we have begun to plan for a child day-care centre for our staff and for the enhancement of our clinical research facilities.

In conclusion, we must express sincere gratitude to the many people who have made this year a milestone in VG history. We are fortunate in having an extraordinary staff—not only those who are employed in direct patient care activities, but also the outstanding body of volunteers who help to provide those essential extras of help and comfort to the patients, the support staff who function outside the public eye, and those who mount the educational programs that train medical and other health professionals to provide exemplary service to the entire Maritime region. With their enthusiastic efforts and support, we believe that we can enter the forthcoming year with hope and the promise of continued success.

Wayne Paterson
Chairman, Board of Commissioners



Bernard W. D. Badley, MD, FRCP(C)
Executive Director

CLINICAL DEPARTMENTS

Anesthesia

Diagnostic Radiology

Emergency Medicine

Gynecology

Medicine

Microbiology

Neurosurgery

Oral and Maxillofacial Surgery

Pathology

Psychiatry

Radiation Oncology

Surgery

Urology

SUPPORT DEPARTMENTS

Admission and Discharge

Infection Control

Medical Records

Multi-Organ Transplantation

Operating Rooms

Program Development

Quality Assurance and Risk Management

The Medical Services Division organizes and coordinates all clinical departments and diagnostic services, the Department of Emergency Medicine and the operating rooms. The division also organizes and directs medical service support functions.

OVERVIEW

In the past year, the Admission and Discharge department processed more than 21,000 patient admissions, registrations for almost 44,000 emergency patients and almost 13,000 patients for day surgery and pre-admission testing programs.

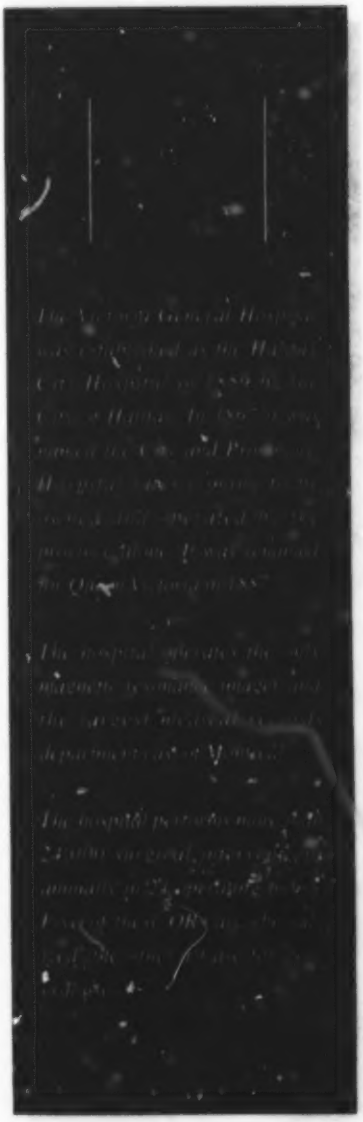
The operating rooms accommodated more than 24,000 surgical procedures requiring coordination of nurses, anesthetists, surgeons and other technical, professional and support staff. This process is becoming computerized to improve efficiency and provide a base for future planning.

Management changes and major space renovations in the Department of Emergency Medicine are bringing this department's response capability into the 1990s. The department provides an excellent ambulance service with highly trained attendants in radio contact with emergency department medical staff. More than 2,800 patients were transported by our 24-hour ambulance teams.

This year the VG performed 86 kidney, eight liver and four heart transplants. Our Multi-Organ Transplantation Program also assumed responsibility for the retrieval and allocation of corneas.

The Department of Microbiology provides clinical support to patient care in the VG and other hospitals across the Maritimes because of its specialized services, such as immunology, virology and toxicology. It supports the provincial government's public health activities by testing environmental samples, retail food products (grocery stores, restaurants, street vendors), and by investigating community or institutional outbreaks of infection.

The Department of Neurosurgery admitted 1,463 patients, a quarter of whom were



emergency admissions. The medical and nursing staff are making important contributions to teaching, research and advancement of patient care techniques for neurological disease and trauma.

Diagnostic Radiology, one of the busiest departments of its kind in Canada, conducted 204,000 examinations during 1988-89.

The Department of Radiation Oncology, working through the Nova Scotia Cancer Treatment and Research Foundation, manages all the cancer treatment at the Victoria General Hospital. Modern equipment and techniques provide much of this care on an outpatient basis.

The Department of Medicine's therapeutic and diagnostic services have experienced significant increases in workload volume. The Cardiac Catheterization Unit had an 11 percent increase in total procedures with a 21 percent increase in coronary angioplasty procedures. There are 78 patients on some form of home hemodialysis in Nova Scotia and Prince Edward Island. Respirology admitted 262 patients to medical intensive care for specialized care and the home oxygen program has 34 patients on home care. The Respiratory Therapy Department had a nine percent increase in workload as it strives to provide required ventilator support and other support to patient care areas.

The Department of Oral and Maxillofacial Surgery treated more than 5,200 patients. Many were seen in cooperation with Neurosurgery, Internal Medicine, Orthopedic Surgery, Plastic Surgery, Ophthalmology and Otorhinolaryngology.

The Department of Urology receives referrals from all of the Atlantic Provinces, mainly for kidney stone disease, cancer, bladder disorders, female incontinence and prostatic disease. The extra-corporeal shock wave lithotripter, used to disintegrate kidney stones without surgery, has proven very successful. The department is also a major participant in the renal transplant program.

The Department of Psychiatry operates a general psychiatric service and eating disorder, refractory depression and neuropsychiatry programs. The eating disorders program is the only one of its kind east of Montreal.

HIGHLIGHTS

In July, the Victoria General Hospital successfully performed its first heart transplant. Three more heart transplants were performed during the year. Heart transplantation has now become an established treatment for some forms of severe heart failure.

This year, the hospital opened the first Magnetic Resonance Imaging Unit in the Atlantic Region. The MRI is one of the most sophisticated and versatile diagnostic tools available in the field of medicine today. More powerful than the x-ray, the MRI is an imaging machine that "sees through" bone and is able to probe every part of the human body. It can take pictures of the heart and lungs, locate tumors of the brain, examine the spine and its invertebral discs, monitor body chemistry, detect abnormalities in bone ligaments and provide previously unavailable information to doctors. The $3 million MRI means Atlantic Canadians no longer have to travel outside the region for MRI testing.

Thanks to the generosity of the Nova Scotia Firefighters Burn Treatment Society, the Victoria General Hospital this year opened the only skin bank east of Alberta. The skin bank has made treatment of severely burned patients much more successful. Those who would have died a few years ago of large surface area burns now recover with the help of temporary skin grafts from the skin bank. Donated skin is sterilized and kept in liquid nitrogen bath tanks inside a special refrigerator until it is needed.

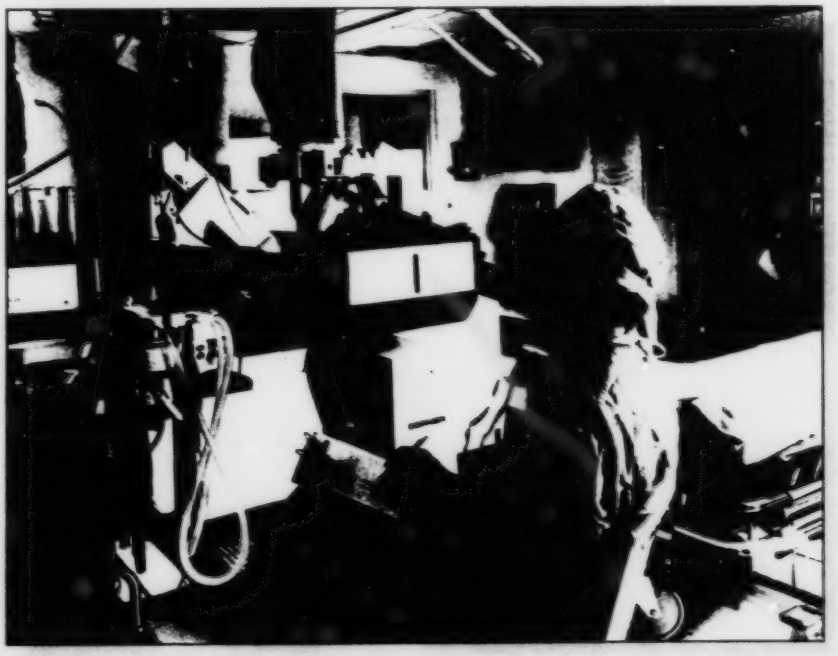
Coronary angioplasty, performed in the Cardiac Catheterization Unit, is providing an alternative to cardiac surgery for specific cases. This has impacted greatly on the resources and workload of the Cardiac Catheterization Unit.

A second mammography unit has been installed in our Diagnostic Radiology Department for screening breast tissue. Staff have written a computer program for reporting mammographic examinations and for storing important statistics. This computer program has excited considerable interest by others in the field.

INITIATIVES

Initial research has shown the lithotripter, used to disintegrate kidney stones without surgery, has some ability to break up gallstones without surgery. Further research may indicate an ability to decrease the number of gallstone operations needed to cure blockages of the common bile duct.

In our Diagnostic Radiology Department a new computer tomography (CT) scanner was ordered. The installation of this equipment will reduce strain on the existing 15-year-old apparatus.



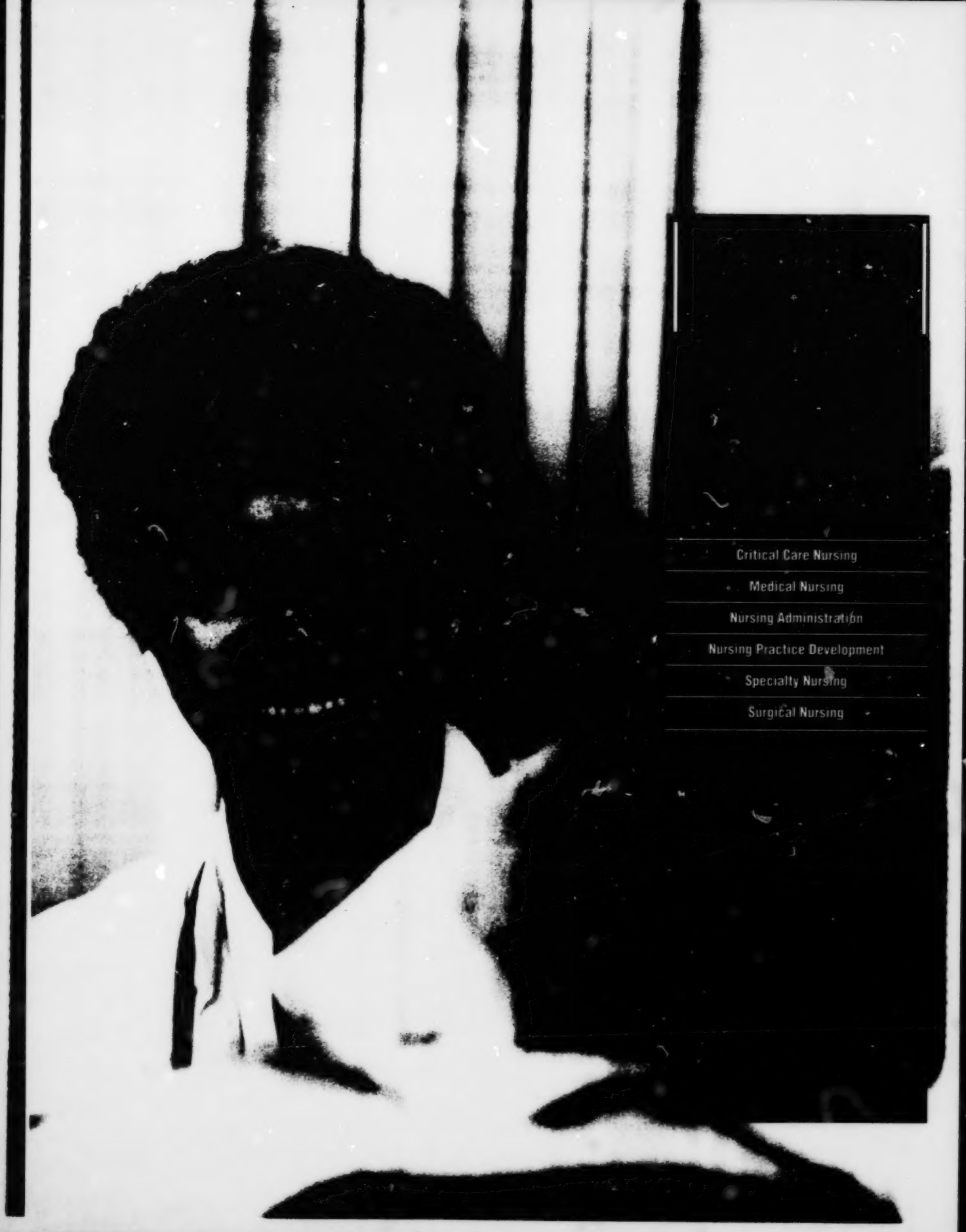
An outpatient intravenous therapy clinic is being established by the Infectious Disease Service to facilitate earlier discharge for patients requiring long-term intravenous drug therapy.

The Neuroelectrodiagnostic Unit will begin using video EEG Telemetry to assist in the diagnosis and evaluation of patients with complex seizure disorders.

In the Department of Gynecology, the colposcopy clinic is considering integrating colposcopy and cytology services. This would allow the development of dual data banks for both areas, benefitting women at risk of developing lower genital tract cancer.

The Medical Records Department is exploring the possibility of storing patient charts on optical discs for later retrieval by computer. This would dramatically reduce the space needed for storing and the time required for retrieving information.

The hospital is working to establish a centre for clinical research at the VG which would be closely associated with Dalhousie Medical School and would improve the opportunity for medical researchers and clinicians to support each other.


Critical Care Nursing
Medical Nursing
Nursing Administration
Nursing Practice Development
Specialty Nursing
Surgical Nursing

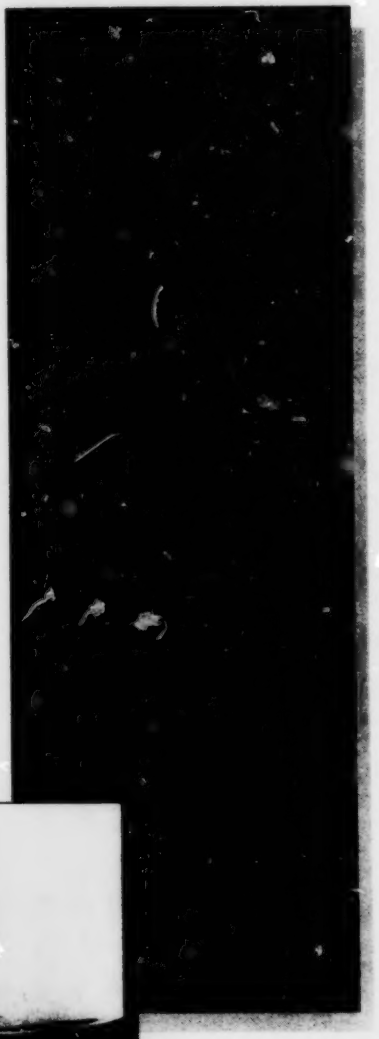
The Nursing Services Division is committed to excellence in 24-hour-a-day patient care and to educating patients and their families to a better understanding of illness so they can work toward recovery after discharge. The division's involvement in multidisciplinary research completes its contribution to the hospital's mission of quality patient care, education and research.

OVERVIEW

Despite significant changes in assignments and responsibilities of our nursing managers, the VG's nursing staff has continued to provide stability to the hospital.

While their clinical expertise contributed substantially to the VG, they also supported their profession through provincial association committees, boards and local and national specialty organizations during the past year.

The quality of nursing here can be seen in the high quality of wholistic nursing care our nurses give their patients and in their dedication to their jobs. Beds were kept open and two additional intensive care beds were opened in the face of a national shortage of critical care nurses in the past year.



HIGHLIGHTS

Our nurses continue to learn new procedures and technologies. They now use new techniques to control intractable pain, to speed bone healing and to administer complex intravenous therapy.

Operating room, cardiovascular intensive care and cardiology nurses actively participated in planning and implementing the heart transplant program.

Cardiac care nurses continue to assist and support all studies conducted by Cardiology. The most notable studies are the clinical drug trials of early intervention in patients who have suffered a heart attack. The results were compared against those of patients receiving standard therapy.

The Clinical Promotion Project, overseen by the Nursing Practice Development Department, continued for the third year with a second grant from the National Health Research and Development Programs. The project involves the development and evaluation of a performance appraisal program for nursing staff, identifying different levels of clinical nursing practice.

The VG hosted the Second International Management of Nursing Practice Research Conference.

A nursing issues paper, coproduced by Nursing Services and Educational Services, was prepared for the Board of Commissioners, eliciting enhanced methods of recruitment and retention of nurses.

INITIATIVES

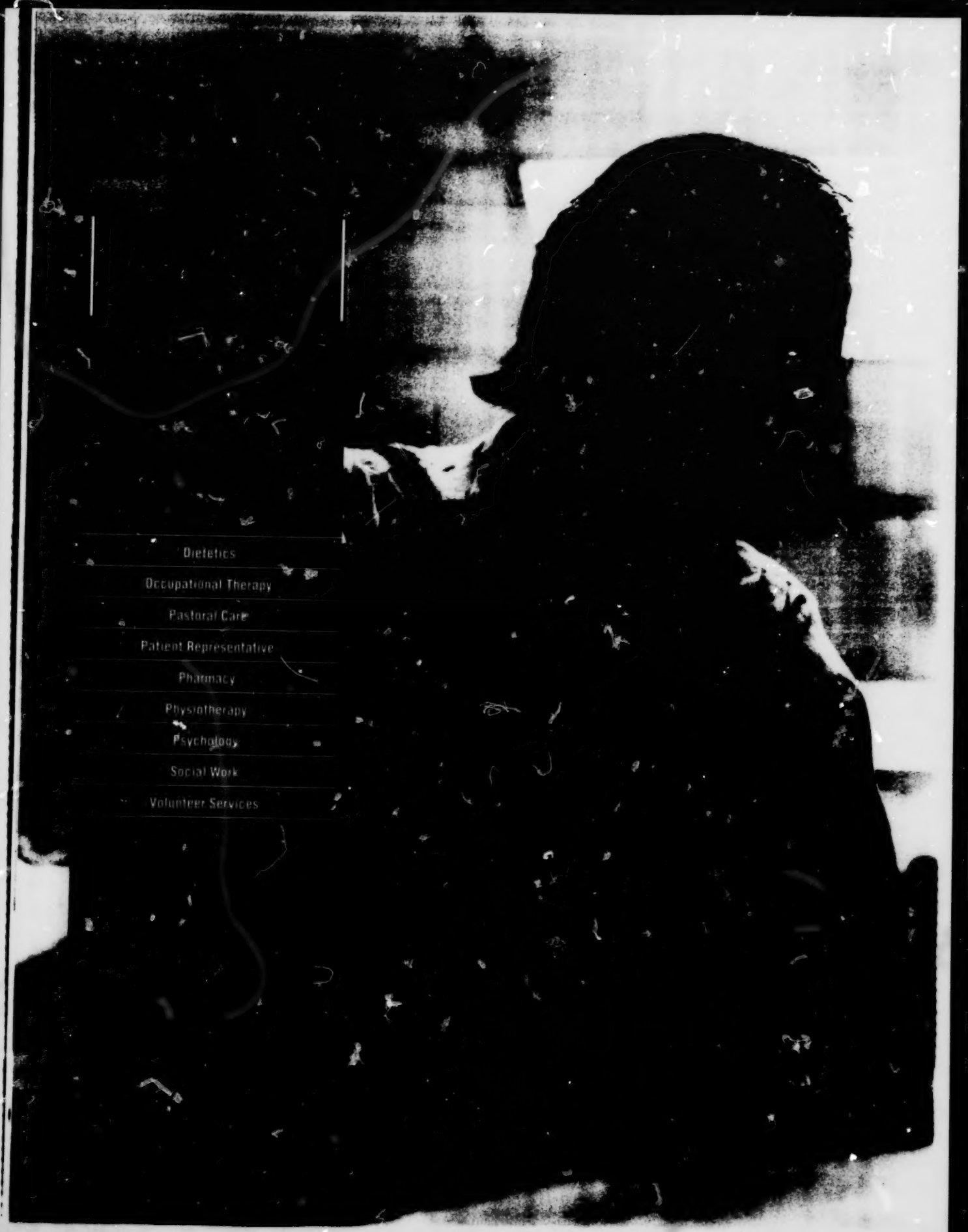
Nursing staff collaborated with physicians in teaching patients about new advances in esophageal pH probe monitoring and alternative methods of pain control for surgery patients.

Nurses are now being sent to the operating room from thoracic surgery floors so they can better appreciate the surgical post-operative care these patients require.

Hospice nurses developed a proposal for regular memorial services for the staff and relatives of deceased patients. Hospice nurses have also been instrumental in the development of the Nova Scotia Palliative Care Network. Plans to develop this group into a provincial association are in progress.

Nursing Practice Development initiated a leadership development program for clinical nurses, a clinical career planning pilot program and an intermediate care unit program.

Intensive care units have begun participating in a coagulation study in conjunction with the Department of Hematology.


Dietetics
Occupational Therapy
Pastoral Care
Patient Representative
Pharmacy
Physiotherapy
Psychology
Social Work
Volunteer Services

Through its clinical services, research and education, the Division of Special Services provides a high quality of specialized and personalized health care to complement services provided by other members of the health care team.

OVERVIEW

Psychology is enhancing programs in neuropsychology, pain management, eating disorders and cardiac rehabilitation.

Dietetics is taking a more entrepreneurial approach in its operations, writing business plans and hiring a marketing consultant. The hospital's computer allows the department to change up to 500 diets a day more quickly and accurately than ever before.

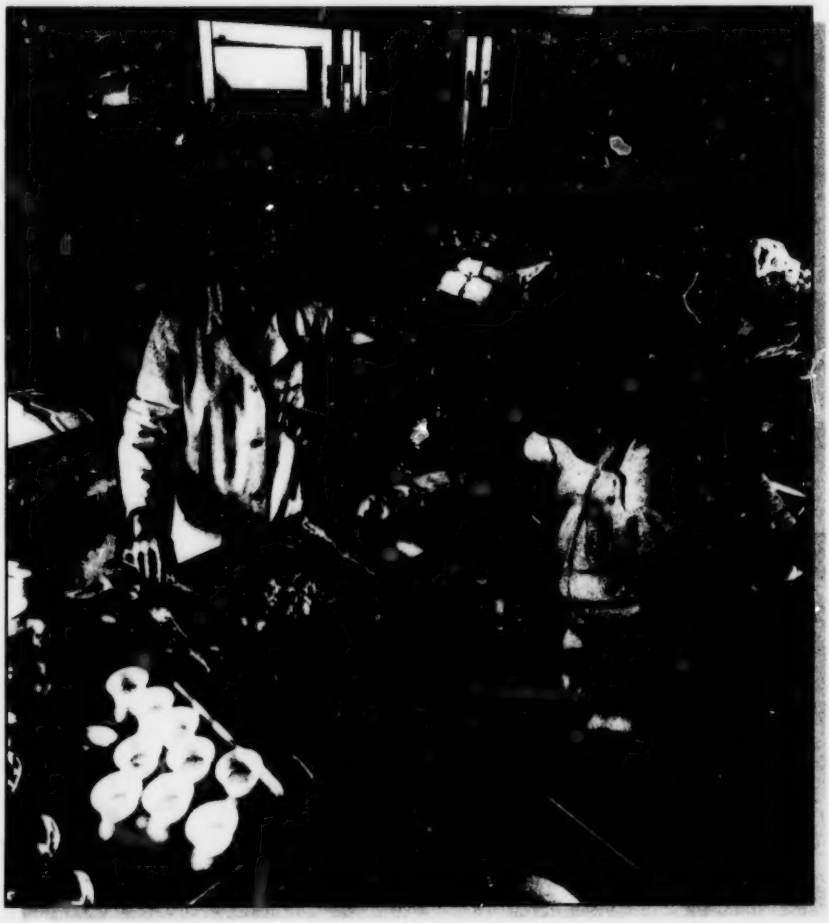
The Patient Representative acts on behalf of patients with concerns or questions about the delivery of patient care at the VG.

The 450 volunteers at the hospital recorded more than 37,000 hours of 'round-the-clock service to patients. They provide a human touch in a highly technical setting.

In Physiotherapy, patients' attendances have dropped slightly, but the time therapists spend with each patient has increased, reflecting the emphasis on more detailed assessment, home programs and the increasing complexity of the population treated. Physiotherapists now treat patients with adult cystic fibrosis, chronic pain and heart transplants.

In Occupational Therapy, new developments occurred in cardiac rehabilitation, amputee programs and total hip replacement programs.

It is rare that a hospitalized patient does not receive therapy with at least one drug. In the past year, VG pharmacists filled 450,000 drug orders. They also taught patients about their drugs, produced special preparations and supported medical research projects.



HIGHLIGHTS

Pastoral care advisors from several hospitals with denominational chaplaincy committees met this year for the first time, allowing the VG to take a wider view of hospital pastoral care. Also, nearly 100 people attended a three-day conference at the hospital, *Hope and Wholeness in Pastoral Care*.

The Physiotherapy Department is participating in a national forum of respiratory physiotherapists and researchers to explore ways they can help patients with respiratory problems.

A pharmacy computer program maintains detailed, accurate records of patients' therapy to help all medical professionals in their daily care of patients.

The Director of Dietetics attained fellowship status with the Canadian Dietetics Association.

Dietetics treated its first bone marrow transplant patient—a transfer from Toronto—with a special six-week diet.

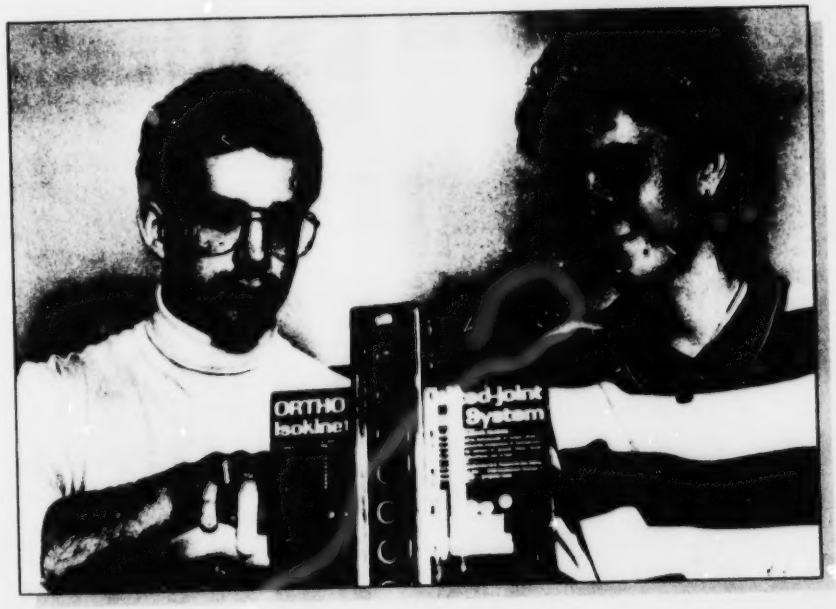
Social Work has taken great strides in patient care. The department ran an Elder Abuse and Neglect Awareness Program for all hospital staff and a one-day workshop for the community. Staff also studied the social, health and economic needs of adult cystic fibrosis patients.

INITIATIVES

Psychology, Volunteer Services and Pharmacy have developed five-year plans to guide the development of patient care and services.

A new edition of the Victoria General Hospital Provincial Diet Manual will be published in 1990.

Three new types of splints made and tested in the Occupational Therapy Department this year will be used routinely in the upcoming year. Formal research carried out with three rheumatologists measured grip strength and hand function in patients with rheumatoid arthritis.



School of Nursing and Post RN Short Courses

Schools of Allied Health

- Cytotechnology
- Radiological Technology
- Respiratory Therapy
- Nuclear Medicine
- Medical Ultrasound
- On-the-Job Technician Training

Management Development and Training

Health Sciences Library

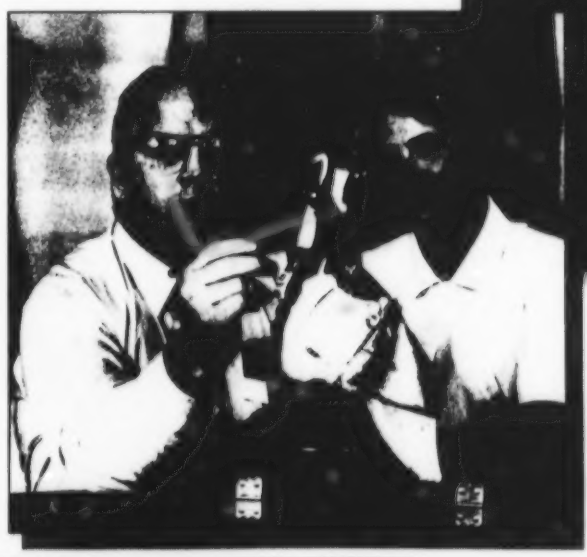
Affiliate Programs

Life Support Training Programs

The Educational Services Division is committed to training and development of all staff through the use of internal and external resources, to providing education programs for students in many health service professions and occupations, and to coordinating clinical experiences for learners from other educational institutions.

OVERVIEW

This has been an exciting and busy year for the 80 professional and support staff. More than 200 students completed learning requirements in 12 educational programs and almost 1,800 staff members attended programs coordinated by the departments of Life Support Training Programs and Management Development and Training. The hospital provided 6,020 supervised clinical days to 818 learners from other hospitals and educational institutions. On-the-Job Technician Training upgraded the skills of 67 technicians in anesthesia, medical transcription and terminology and electrocardiography. Post RN Short Courses allowed 50 RNs to train in the area of critical care nursing.



HIGHLIGHTS

Several pieces of new equipment dedicated to teaching and learning resources were obtained over the past year. The School of Cytotechnology received a television camera and monitoring system, replacing repetitive one-on-one microscope teaching sessions with a comparable program for a group of students. The Health Sciences Library received a new computer literature search system that provides free 24-hour access to its data base. As well, the School of Respiratory Therapy is borrowing expensive and rapidly changing technical equipment from two medical equipment suppliers for teaching purposes.

In addition to the regular training programs scheduled through the Management Development Department, program staff have helped coordinate performance management and business plan projects. These projects will contribute significantly to the hospital's future planning.

The schools of Nursing, Radiological Technology and the Conjoint Training Program in Nuclear Medicine Technology all received five years full accreditation status. Each school received a number of commendations for its programs.

A long-range plan emphasizing post-basic education in health sciences was presented to the Board of Commissioners.

Recognizing the province is suffering from a shortage of competent nurses and recruitment problems within the profession, the division initiated several major projects to decrease the impact of these circumstances. Staff prepared a brochure on career opportunities in critical care nursing at the Victoria General Hospital, increased enrollment in the Critical Care Program from 30 to 45, and developed, in collaboration with Nursing Services, a major position paper addressing issues in nursing.

The School of Nursing faculty and alumni associations have established a trust fund for annual bursaries to support Victoria General Hospital graduates pursuing Bachelor of Nursing degrees. This year the first two bursaries were awarded to two staff nurses at the Victoria General Hospital.

INITIATIVES

The School of Nursing is planning for its 100th anniversary in June, 1990. Hosted at the World Trade and Convention Centre by the Victoria General Hospital's management, Board of Commissioners, Alumni Association and medical staff, the centennial celebration will be one of the most exciting events in the hospital's history.

A five-year study of application and enrollment statistics of the School of Nursing's diploma program was completed. The study found a decrease in the number and academic credentials of applicants, particularly in the out-of-high-school group, from 1983 to 1989. This supports a well-publicized decline in the numbers of academically strong students choosing nursing as a career. As a result of this trend, the School of Nursing and other Nova Scotia nursing schools have lobbied the Registered Nurses' Association of Nova Scotia to market nursing as a career. As well, the school, for the first time in its history, will begin actively recruiting students.

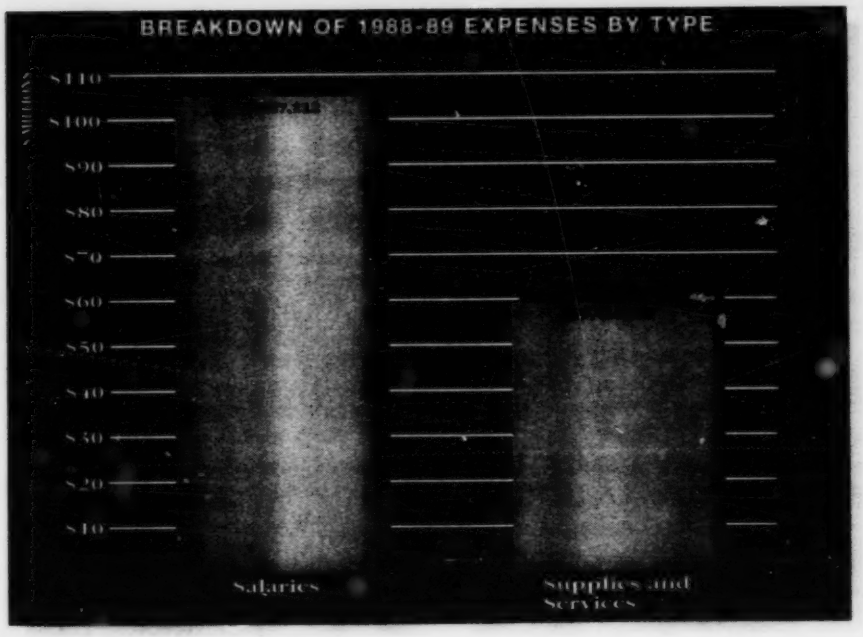
Post RN Short Courses have undergone major program revisions in keeping with recently approved criteria for short-term clinical programs defined by the professional association. The program is preparing for a 1990 accreditation visit. Simultaneously, preliminary discussions have been initiated with Dalhousie University to secure credit-granting status for the Critical Care Level 1 Program which would significantly benefit practicing nurses. It would allow nurses to become certified in a specialty and at the same time receive credit toward a Bachelor of Nursing degree.

Educational Services Division
Partial Student Statistics - 1988/89 Fiscal Year

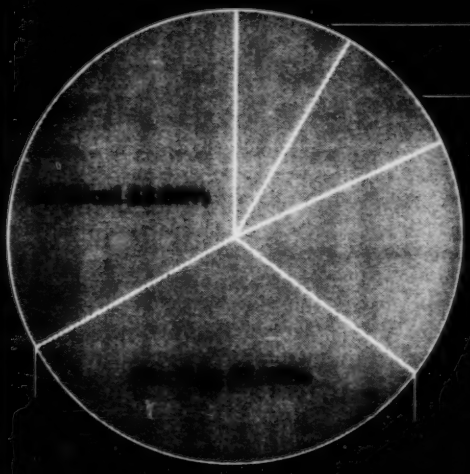
Program	No. of Students Completing Programs	Registry Exam Pass Rate
Allied Health Schools		
Cytotechnology	3	100%
Nuclear Medicine	4	100%
Medical Ultrasound	3	100%
Radiological Technology	12	100%
Respiratory Therapy	12	92%
School of Nursing		
Diploma Nursing	81	98%

Finance
Management Engineering
Operations
Personnel

The Administrative Services Division ensures the hospital operates smoothly as an organization. It oversees finances, provides computer equipment and support staff, operates the physical plant and staffs all positions.



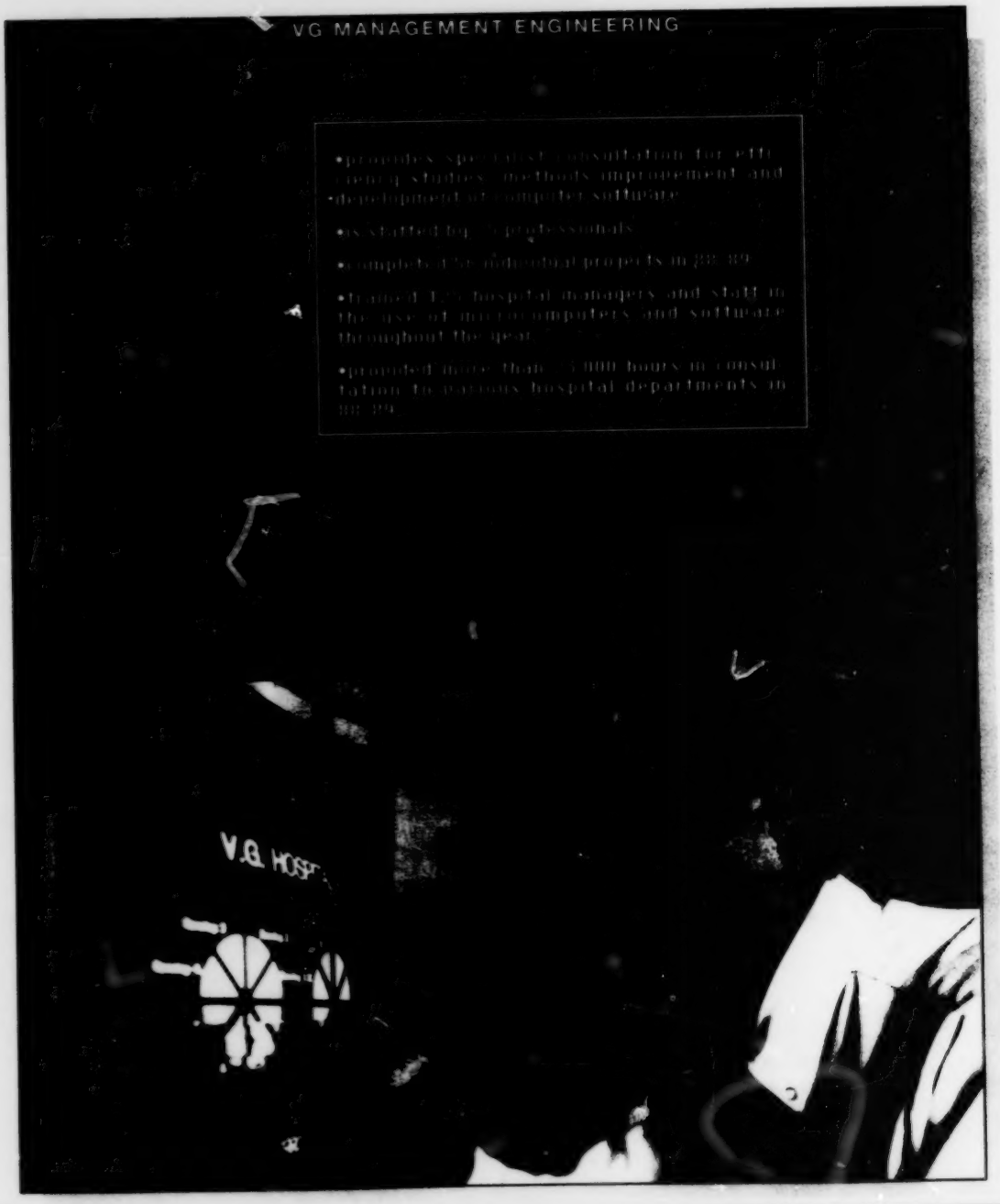
BREAKDOWN OF 1988-89 EXPENSES BY DIVISION

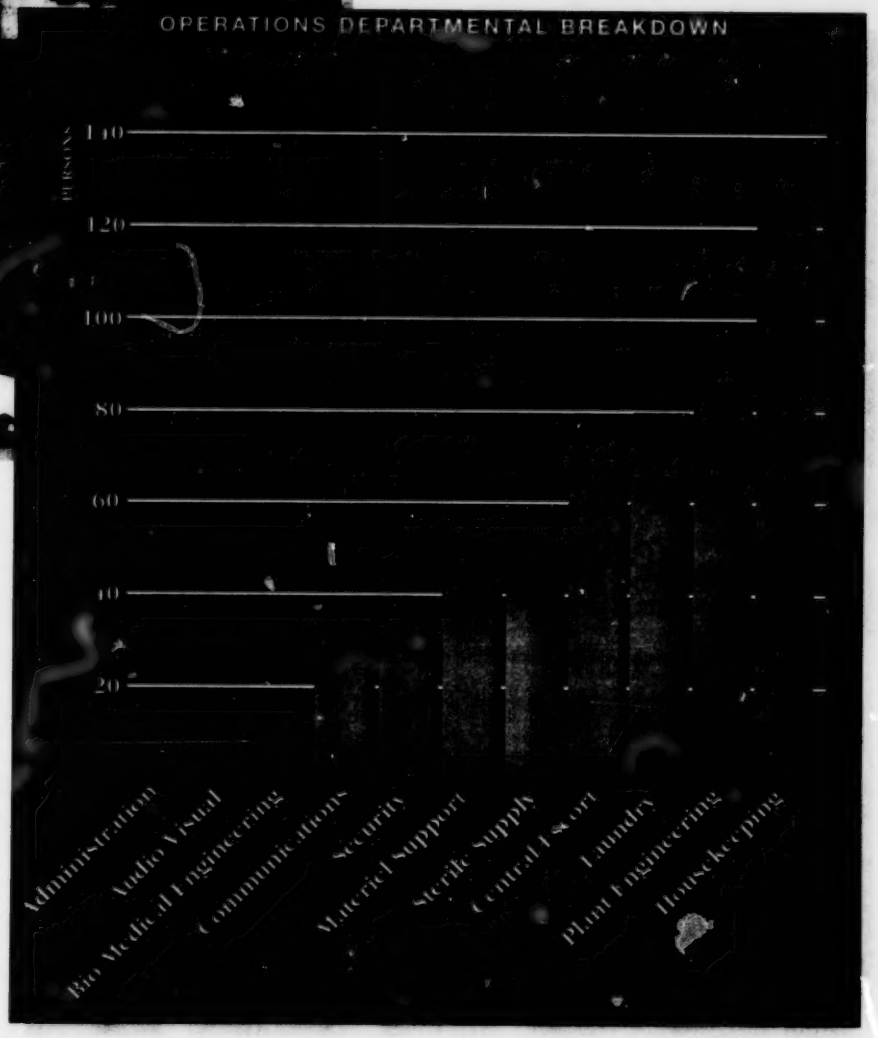


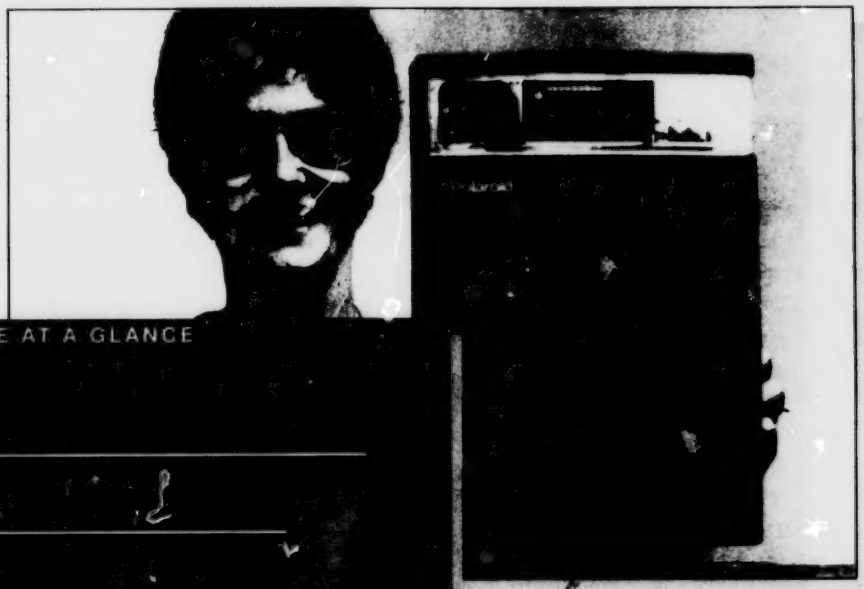
Special Services 8.25%

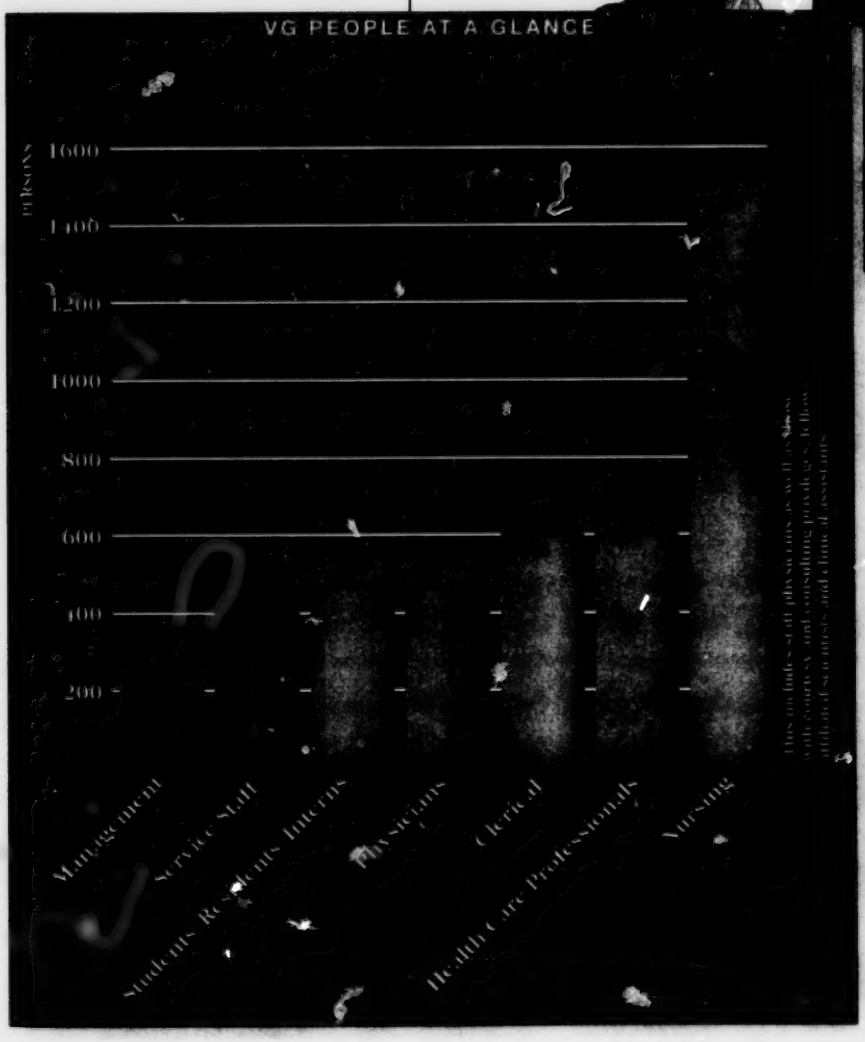
Education 9.77%

Executive and Administration 17.34%


VG MANAGEMENT ENGINEERING
•provides specialist consultation for efficiency studies, methods improvement and development of computer software
•is staffed by 5 professionals
•completed 15 industrial projects in 88/89
•trained 125 hospital managers and staff in the use of micro-computers and software throughout the year
•provided more than 2,000 hours in consultation to various hospital departments in 88/89
V.G. HOSP


OPERATIONS DEPARTMENTAL BREAKDOWN
PERSONS
140
120
100
80
60
40
20
Administration
Audio Visual
Bio Medical Engineering
Communications
Security
Materiel Support
Sterile Supply
Central Escort
Laundry
Plant Engineering
Housekeeping




VG PEOPLE AT A GLANCE
PERSONS
1600
1400
1200
1000
800
600
400
200
Management
Service Staff
Students, Residents, Interns
Physicians
Clerical
Health Care Professionals
Nursing

STATISTICAL PROFILE

	1986/87	1987/88	1988/89
Number of Beds	807	806	806
Occupancy Rate	86.06%	85.5%	85.2%
Number of Admissions	21,843	22,281	23,134
Average Daily Census	679	675	674
Average Stay (Days)	11.3	10.9	10.6
Emergency Visits	41,674	41,869	43,753
Outpatient Visits	70,106	73,436	70,958
Surgical Procedures	23,980	24,623	24,665
Full-time Employees	3,165	3,119	3,136
Operating Budget	$140,596,100	$145,123,468	$155,836,644

MANAGEMENT TEAM

ADMINISTRATIVE SERVICES

A. Boehm	*Interim Chief Financial Officer*
R. Buckley	*Director, Personnel*
C. Hansen	*Director, Public Relations*
W. Marsh	*Director, Program Process Development*
B. Shorter	*Director, Management Engineering*
J. Theriault	*Director, Operations*
G. Baker	*Administrative Assistant, Administrative Services*

EDUCATIONAL SERVICES

J. Magee	*Director, Educational Services*
M. Barrett-Banks	*Director, Schools of Allied Health*
F. Bell	*Director, Management Development and Training*
P. Reid	*Director, School of Nursing and Post RN Short Courses*

MEDICAL SERVICES

Dr. V. Haldane	*Medical Director*
P. Allsop	*Divisional Chief Technologist, Hematology*
R. Billard	*Manager, Medical Records*
F. Boutilier	*Administrative Co-ordinator, Medical*
L. Bowman	*Manager, Diagnostic Radiology*
M. Comeau	*Divisional Chief Technologist, Clinical Chemistry*
G. Digout	*Divisional Chief Technologist, Microbiology*
B. Francis	*Co-ordinator, Operating Rooms*
M. Gillis	*Administrative Co-ordinator, Non-medical*
W. MacIntyre	*Manager, Admitting/Discharge*
A. MacIntosh	*Director, Quality Assurance and Risk Management*
R. Manuel	*Co-ordinator, Program Development*
P. Ponsford	*Divisional Chief Technologist, Anatomical Pathology*
J. Toogood	*Administrative Co-ordinator, Emergency*
Dr. G. Macmichael	*Administrative Assistant, Medical Director's Office*

NURSING SERVICES

M. Grantham	*Director, Nursing Services*
E. Carter	*Director, Medical Nursing*
H. Dares	*Director, Nursing Administration*
M. E. Gurnham	*Acting Director, Critical Care Nursing*
D. MacMaster	*Acting Director, Nursing Practice Development*
D. Murphy	*Acting Director, Specialty Nursing*
R. Sutherland	*Director, Surgical Nursing*

SPECIAL SERVICES

J. Stewart	*Director, Special Services*
P. Girard	*Director, Social Work*
E. Givner	*Patient Representative*
Rev. A. Kempton	*Co-ordinator, Pastoral Care*
R. Mooney	*Acting Director, Occupational Therapy*
R. Mulroney	*Director, Dietetics*
Dr. M. Schwartz	*Director, Psychology*
R. Merrett	*Director, Pharmaceutical Services*
A. Vautour	*Director, Volunteer Services*
I. Zwerling	*Director, Physiotherapy*
M. MacIsaac	*Administrative Assistant, Special Services*

CLINICAL DEPARTMENT HEADS

Dr. C.E. Hope
Department of Anesthesia

Dr. D.B. Fraser
Department of Diagnostic Radiology

Dr. M. Murphy
Department of Emergency Medicine (Acting)

Dr. R.C. Fraser
Department of Gynecology

Dr. S.G. Carruthers
Department of Medicine

Dr. S.H.S. Lee
Department of Microbiology (Acting)

Dr. R.O. Holness
Department of Neurosurgery

Dr. D.S. Precious
Department of Oral & Maxillofacial Surgery

Dr. M.A. MacAulay
Department of Pathology

Dr. A. Munro
Department of Psychiatry

Dr. D.H. Thomson
Department of Radiation Oncology

Dr. B.J.F. Perey
Department of Surgery

Dr. S.A. Awad
Department of Urology

Dr. B.L. Reid
Department of Family Medicine (Acting)

Dr. E.L. Attia
Department of Otorhinolaryngology

Dr. E.V. Rafuse
Department of Ophthalmology

Board of Commissioners

W. C. Paterson, Chairman

M. L. Davison, Vice-Chairman

D. F. Flemming

R. G. Murray

J. K. Brown

P. Fenton

W. W. Hirtle

F. E. MacGillivray

K. G. Norman

G. L. Quigley

D. Zive

Victoria
General Hospital